MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH
COUNTY: Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Leager (Last) Clough

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 4-1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Leager

14. MOTHER'S MAIDEN NAME: Annie Laramore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ruth Clough--Price, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralysis Right Side — Interval Between Onset and Death: 1 wk.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia - Seizure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1953 to Aug. 28, 1953, that I last saw the deceased alive on Aug. 24, 1953 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE: A. P. McPherson (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 30 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county) (State): Church Hill, Md.

DATE REC'D BY LOCAL REG.: 8-29

REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH- COUNTY: QUEEN ANNE'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: MD. COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CENTREVILLE X — LENGTH OF STAY (in this place): 50 yrs +	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CENTREVILLE X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X	STREET ADDRESS (If rural, give location): KIDWELL LANE

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) EMMA	(Last) DOBSON	4. DATE OF DEATH (Month) AUGUST (Day) 1 (Year) 1953
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M	8. DATE OF BIRTH: About 55	9. AGE last birthday: UNKNOWN yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: HEMSLEY DOWNS		14. MOTHER'S MAIDEN NAME: SARAH DOWNS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Lillian Watson DAUGHTER - CENTREVILLE		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE — 17 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953 to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 1 05 p m., from the causes and on the date stated above.

SIGNATURE: Irvin G. Hoyt (Degree or title) M.D. — ADDRESS: Queenstown, Md. — DATE SIGNED: 8/1/53

23. BURIAL CREMATION REMOVAL (Specify): BURIAL	DATE: Aug 4-53	NAME OF CEMETERY OR CREMATORY: Chesterfield	LOCATION (City, town, or county): Centreville	(State): Md
DATE REC'D BY LOCAL REG.: 8-4-53	REGISTRAR'S SIGNATURE: Elsie Armstrong	24. FUNERAL DIRECTOR: Edgar L. Lane	ADDRESS: Church Hill Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: Queen Anne's — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Centreville
   LENGTH OF STAY (In this place): 79 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Q. A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Centreville
   STREET ADDRESS (If rural, give location): Starkey's Corner

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Gibbs

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 28 1874

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Servant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Gibbs

14. MOTHER'S MAIDEN NAME: Mathilda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-30-7506

17. INFORMANT AND ADDRESS: Harry Benjamin (Son) - Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X **Immediate cause** (a) Gastric Carcinoma — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1 20 1953 to Aug. 8, 1953 that I last saw the deceased alive on Aug. 6, 1953, and that death occurred at 4:55 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irwin D. Hoyt MD — ADDRESS: Queenstown, Md. — DATE SIGNED: 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 12 — NAME OF CEMETERY OR CREMATORY: Centreville — LOCATION (City, town, or county) (State): Centreville, Md.

DATE RECD BY LOCAL REG.: 8-10 — REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

VS-A15

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

08301

1. PLACE OF DEATH — COUNTY: QUEEN ANNE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - QUEENSTOWN
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - QUEENSTOWN
STREET ADDRESS (If rural, give location): CARMICHAEL

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) TAYLOR (Last) GRIFFIN

4. DATE OF DEATH (Month) Aug. (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: Aug 26 1867

9. AGE last birthday: 85 yrs. If under 1 year: 91 Mo. If under 24 hrs.: 92 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FERDINAND TAYLOR

14. MOTHER'S MAIDEN NAME: MANDIE PRICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Janey Edward Griffin Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) CERERO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1953, to AUG 17, 1953 that I last saw the deceased alive on AUG 7, 1953, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE: Irvin S. Hoyt M.D. (Degree or title) ADDRESS: Queenstown Md. DATE SIGNED: 8/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Aug 20/53 NAME OF CEMETERY OR CREMATORY: John Wesley Cemetery LOCATION (City, town, or county): Queenstown Md (State): Md

DATE REC'D BY LOCAL REG.: Aug. 18 '53 REGISTRAR'S SIGNATURE: Helen M. Aldridge 24. FUNERAL DIRECTOR: John D. Williams ADDRESS: Centre Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
AUG 25 1953
BUREAU V. S.

08302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) B. (Last) Hardesty
4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 16, 1878
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry B. Bryan
14. MOTHER'S MAIDEN NAME Annie Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS F.A. Hardesty--Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiac Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 4 yrs ago

19a. DATE OF OPERATION W O
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch, 1953, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE C H Whitecalk (Degree or title) MD ADDRESS Sudlersville DATE SIGNED 9/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 1
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville, Md.

DATE REC'D BY LOCAL REG. 9-1
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

VS. A1 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Mary (Last) James
4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col.
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Apr 30 1919
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Wright
14. MOTHER'S MAIDEN NAME Ella Frisby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS John Wright — Father Church Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819X

Immediate cause (a) Auto accident — Broken neck

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26 53 3 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident (motor vehicle with fixed object)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher (Degree or title) M.D. ADDRESS Centreville Md Deputy Med-Exam for Q.A. Co Md DATE SIGNED 8/30-53

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) DATE THEREOF Aug 30th NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill, (State) Md

DATE REC'D BY LOCAL REG. 8/30/53 REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
1953
BUREAU V.

Items 5,6,7,8,9 FilmG157 8/12/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-1

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Phillip

4. DATE OF DEATH: (Month) August (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	10-19-67	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Maryland	USA

13. FATHER'S NAME: Samel Phillips

14. MOTHER'S MAIDEN NAME: Hannah Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Paul Phillips Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Indigestion	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Myocardial Insufficiency	8 years
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 17, 1949, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 7 15 P m., from the causes and on the date stated above.

SIGNATURE J H Hamilton (Degree or title) M.D. ADDRESS Millington, Md. DATE SIGNED Aug 4/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4	Sudlersville	Sudlersville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 4	Edgar L. Lane	Edgar L. Lane	Church Hill, Md.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Cooper (Middle) (Last) Tarbutton

4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 25, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Tarbutton

14. MOTHER'S MAIDEN NAME: Rebecca Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT & ADDRESS: Mary S Evans, Crumpton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) Coronary Rupture — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis

DUE TO

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) No (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1952, to Aug. 7, 1953, that I last saw the deceased alive on Aug. 7, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Whitcomb (Degree or title) M.D. ADDRESS Sudlersville Md. DATE SIGNED 8/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 10, 1953 — NAME OF CEMETERY OR CREMATORY Crumpton Cem. — LOCATION (City, town, or county) Crumpton, Q.A.Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-9 — (REGISTRAR'S SIGNATURE) Edgar L. Rowe

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington, Md.

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
STREET ADDRESS (If rural give location) Windsor Ave

3. NAME OF DECEASED: (Type or Print) (First) OSCAR (Middle) WILLIAM (Last) TARR

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Nov-24-1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer & clerk
10b. KIND OF BUSINESS OR INDUSTRY: Farmer & clerk Appliance Store
11. BIRTHPLACE (State or foreign country): Kent Co Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard S. Tarr
14. MOTHER'S MAIDEN NAME: Mary D Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 215-14-8622A
17. INFORMANT & ADDRESS: Mrs Carrie O Tarr Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Paralysis Right side

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Centreville (COUNTY) Q.A. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1953, to 8/20, 1953, that I last saw the deceased alive on 8/20, 1953 and that death occurred at 1 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) N. F. McPherson M.D. ADDRESS Centreville Md DATE SIGNED 8-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 23-53 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) Centreville (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 8-22-53 REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville — X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CYNTHIA (Middle) MAYTHELLA (Last) TURNER

4. DATE OF DEATH (Month) AUG. (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug. 28, 1953

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 2 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEON TURNER

14. MOTHER'S MAIDEN NAME: Grace King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 0

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Leon Turner Grasonville - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis Neonatorum — Interval Between Onset and Death: 2 days

762.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1953, to Aug. 30, 1953 that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 6 10 m., from the causes and on the date stated above.

SIGNATURE: Irvin B. Hoyt MD (Degree or title) — ADDRESS: Queenstown Md — DATE SIGNED: 8/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 31 — NAME OF CEMETERY OR CREMATORY: at home — LOCATION (City, town, or county) (State): Grasonville Md

DATE REC'D BY LOCAL REG.: Aug. 30-'53 — REGISTRAR'S SIGNATURE: Helen M. Aldridge

24. FUNERAL DIRECTOR: None — Father buried child at home. — ADDRESS:

2083203404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 752

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Queen Anne's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Centreville
LENGTH OF STAY (In this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Centreville
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 24 1883

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Handy

14. MOTHER'S MAIDEN NAME: Margaret Ringgold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Daughter - Evelyn Gould - Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332 X
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 2-3 days
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — years
(c) Hypertension — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 19 51, to Aug. 29, 19 53, that I last saw the deceased alive on Aug. 28, 19 53, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE: J. Wm. Martin, Jr. (Degree or title) M.D. ADDRESS: Queenstown Md. DATE SIGNED: 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE Sept. 2nd 53 | NAME OF CEMETERY OR CREMATORY: Goulstown | LOCATION (City, town, or county) (State): near Goulstown, Md

DATE REC'D BY LOCAL REG. 9/2/53 | REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Edgar L. Lowe ADDRESS: Church Hill, Md.

RECEIVED
SEP 10 1953
BUREAU V. S.